

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

PAGE	1	OF	6
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Educators for Ohio		FEC IDENTIFICATION NUMBER ▼ C C00624056	
Check if <input type="checkbox"/> 24-hour report	<input checked="" type="checkbox"/> 48-hour report	<input checked="" type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on <input type="text" value="MM / DD / YYYY"/>

Full Name of Payee JVA Campaigns		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 21 / 2016</div> </div>	
Mailing Address 240 N 5th St #360		Amount <div> <div>9393.60</div> </div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : SE.4164 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 07 / 2016</div> </div>
Purpose of Expenditure Mailer- Advocate for Children		Category/ Type 006	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>23256.73</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee JVA Campaigns		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 31 / 2016</div> </div>	
Mailing Address 240 N 5th St #360		Amount <div> <div></div> <div>17968.07</div> </div>	
City	State	Zip Code	Transaction ID : SE.4165 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 07 / 2016</div> </div>
Columbus	OH	43215	
Purpose of Expenditure Mailer- Fighter for Middle Class		Category/ Type	<div> <div></div> <div>006</div> </div>
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>60681.53</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	27361.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Allen, Gary, , ,

[Electronically Filed]

Date _____

Signature